

JAN 03 2006



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FACSIMILE TRANSMITTAL SHEET

TO: Examiner Brian S. Szmaj - Group Art Unit 3736

FIRM/COMPANY: Commissioner for Patents - Mail Stop Amendment

FACSIMILE NUMBER: 571.273.8300

**CONFIRMATION
TELEPHONE:** 571.272.4733

FROM: Anne Marie Leavy for Edward J. Lynch

DIRECT DIAL: 415.371.2217

DATE: January 3, 2006

USER NUMBER: 5121

FILE NUMBER: Atty Docket No. R0367-00101

TOTAL # OF PAGES:
(INCLUDING COVERSHEET) 22

MESSAGE: Attached is an Amendment and Response to the Office Action mailed 10/03/2005 in connection with patent application Serial No. 09/929,371, filed August 13, 2001.

NOTE: Original will not follow

CONFIDENTIALITY NOTICE

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SF87104.1

JAN 03 2006

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Burbank et al.*For: **BREAST BIOPSY SYSTEM AND METHODS**

Serial No.: 09/929,371

Filed: August 13, 2001

Atty. Docket No.: R0367-00101

Examiner: Brian S. Szmal

Group Art Unit: 3736

TRANSMITTAL

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this these papers are being sent by facsimile to (671) 273-8300 addressed to Examiner Brian S. Szmal, at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 3, 2006, in San Francisco, CA.


 AnnelMarie Leavy

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is an Amendment and Response to Office Action Mailed 10/03/2005 and Terminal Disclaimer by Attorney.

2. Claim Fee Calculation

No additional claim fee is required.

X Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	13 - 15 =	0 x	\$100=	\$0-
Total Claims	2202	44 - 34 =	10 x	\$25=	\$250

Fees Due \$250

3. Additional fees: Terminal Disclaimer fee under 37 CFR 1.20(d) \$65

Total Fees Due \$315

4. Payment of Fees

Enclosed is a check for the total fees due in the amount of ____.

X The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-00101. A duplicate copy of this document is enclosed.

By: 

Edward J. Lynch

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